be preserved. There may be some difficult choices and trade-offs that have to be made, but Congress at the correct time will make those choices.

He stopped for a moment and then went on to say, what concerns me more, is will there be anyone there to deliver the services when you require them?

And that really comes to the crux of the matter here. If we have a system within our Medicare reimbursement schedule for physicians where within the whole Medicare system itself, parts A, B, C and D, if only part B is affected by this, part A, which is the hospitals, they have a cost of living adjustment, part C, which is HMOs, they have a cost of living adjustment, part D, which is prescription drugs, they have a cost of living adjustment, if the only ones living under this onerous formula are the physicians, what happens over time?

Well, what happens is people will retire early, people will restrict their practices so they no longer see Medicare patients, physicians will restrict the procedures that they offer Medicare patients, perhaps preferring office procedures to surgical procedures that tend to be more labor intensive and time intensive.

It certainly has an effect on the law of supply and demand, if you will, as far as physician services are concerned within the Medicare system itself. For that reason, for that reason, it has a significantly pernicious effect on the physician workforce.

Remember, I started out this talk and I said we always want to focus on are we delivering value to that doctor-patient interaction in the treatment room? Well, I will submit if you don't have a doctor there for that doctor-patient interaction in the treatment room, it is impossible to deliver value of any sort, if you don't have the physician there in the first place.

So that is a critical part. A critical part of establishing and creating value for the patient is ensuring that there is indeed a capable and trained and caring physician there for that patient in the treatment room. And I worry that what we are providing for physician compensation within the Medicare system, which has ramifications throughout the entire private pay structure through the health care system, I do worry if that is a condition that can indeed be sustained.

Now, one of the other things that I think we oftentime lose sight of when we talk about affordability, we always talk about the number of uninsured that exist in this country. Sure enough, it is too big a number. The number varies, depending upon who you read.

But if we talk about the number today, we are probably going to talk about a number of around 47 million uninsured. And we always stop there and say, well, we have to do something about the 47 million who are uninsured, as if that was one homogenous population and one solution would work for everyone who is caught up in that category.

But the reality is, one of the large insurance companies in this country did a little investigating to see who makes up, who is involved in this population, this universe of people who are uninsured.

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It turns out 10 percent are university students. If you say we have 47 or 48 million people uninsured, 10 percent of that is 4.8 million, nearly 5 million, are university students. Students who may arguably have health coverage available through their university or college. But even if they don't, this is a group of people that is pretty easy to insure. It is pretty inexpensive to insure.

So a solution for that group would be vastly different than some of the other groups identified. Twenty percent of that population is already eligible for Medicaid or the State Children's Health Insurance Program. Why States with outreach efforts have not identified those individuals, I don't know. Perhaps we ought to make it incumbent for States to do that work.

If we are providing Federal funds at all sorts of levels, maybe we ought to make it incumbent on States to do that outreach work so those individuals are enrolled in Federal programs to provide that. Again, think about it: 20 percent of 47 or 48 million people, that is almost 10 million people that could be taken off the rolls of the uninsured tomorrow because the programs already exist to take care of them. You don't need to create a new program or do something different from what you are doing right now. Current Medicaid, current SCHIP will cover 20 percent of that population.

And 20 percent earn almost $80,000 a year. That is not a huge sum of money, but certainly a group of people that might be considered to be able to provide something toward their own health care. I am not a fan of mandates. I don't think you get anywhere by telling people what they have to do. But if we allow insurance companies some freedom to create the types of programs that would be of value to that segment of the population, that would be affordable to that segment of the population, if we would perhaps remove some restrictions, maybe remove some mandates, or decide what are those things that are going to comprise a basic package of benefits so we can make it affordable and marketable to that group of individuals who arguably have some disposable income that they could use towards their health care rather than creating a huge, new Federal structure to bring them in. Maybe that is a tactic that could be taken.

Mr. Speaker, we don't like to focus a lot of time and energy on this, but we have to talk about it, and that is 20 percent of the people who fall into the category of the universe of uninsured people in this country are individuals who are in the country without the benefit of a Social Security number. Again, that is something that we as a country and we as a Congress do need to deal with. Whether that is increased efforts at controlling who is coming into our country and increased efforts at controlling our borders, but this is part of the problem that we as a Congress have yet to really face and deal with.

We made some efforts, to be sure, in the current State Children's Health Insurance Program. One of the recent legislative proposals that came through Congress and was passed by Congress that is still tied up in negotiations wanted to relax the verification required for someone being able to document or verify that they are in this country legally. I don't know. I think this body needs to decide what direction it wants to go on this. I don't know that is a terribly useful activity from my perspective. It might engender more people wanting to come into this country to get benefits, but that is something that this Congress has to take up and face no matter how difficult it is.

Mr. Speaker, we have talked about 10 percent university students, 20 percent already eligible for Medicaid or SCHIP, 20 percent who earn nearly $80,000 a year and 20 percent who are noncitizens. If we add those all together, that is approximately, 10, 20, 30, plus 5, so 35 million out of 47 million uninsured. We may have some solutions that are really just at our fingertips if we would expend a little bit of effort. And this is very frustrating to me. We never seem to want to do the effort to break down who is included in the population.

We are all too content to take the number 47 million uninsured and use it as a political bludgeon to beat each other over the head, but we are never willing to do the work that a private insurance company did in a relatively short period of time. We never seem to be willing to do the work. With all of our Federal agencies and bureaus that count numbers and people, we never seem to be able or willing to do the work to get this number, break it down into the smaller subsets, the smaller populations where, in fact, we may be able to provide some significant benefit.

Now, one of the things that I think we do need to talk about is on the aspect of accountability. First off, in any system that we talk about devising or implementing, we surely have to keep freedom of choice. We want to see the doctors we want to see when we want to see them. When hospitalization is required, freedom of choice has to remain central.

One of the things that oftentimes gets lost in the discussion when you look at the breakdown of how health care expenditures occurs in this country, approximately half is paid for by the Federal Government. When you look at the Medicare and Medicaid programs, we heard some discussion of the